

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		69055	2-14-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		69055	2-14-01
RESPONSE FORMALITY REVIEW	CA	24165	3-20-01

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) ... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	0
9	✓
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11	✓
12	✓
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20	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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